

Case Number:	CM15-0140891		
Date Assigned:	07/30/2015	Date of Injury:	10/17/2005
Decision Date:	09/01/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, who sustained an industrial injury on 10-17-05. The injured worker was diagnosed as having chronic migrainous headaches, a history of 3 right shoulder surgeries, chronic neck and right upper extremity pain, and history of right carpal tunnel release in May 2007 with persistent residual symptoms and weakness. Treatment to date has included medication. On 5-5-15 and 6-30-15, Norco was noted to bring the pain level down from 8 of 10 to 6 of 10. The injured worker had been taking Norco since at least 1-6-15. Currently, the injured worker complains of neck and right upper extremity pain. The treating physician requested authorization for retrospective Norco 10-325mg #60 for the date of service 6-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Norco 10/325mg, #60, date of service 6/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old female has complained of right shoulder pain, neck pain, wrist pain and right upper extremity pain since date of injury 10/17/05. She has been treated with physical therapy, surgery and medications to include opioids since at least 05/2008. The current request is for Norco 10/325 mg, retrospective, date of service 6/30/2015. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325, retrospective, date of service 6/30/2015, is not indicated as medically necessary.